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Work Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. FRABEN Application Number 10/816,491 TRANSMITTAL **Filing Date** 04/01/2004 **FORM** Freeman **First Named Inventor** (to be used for all correspondence after initial filing) **Group Art Unit** 3611 B. Green **Examiner Name** Attorney Docket Number | Freeman-2 Total Number of Pages in This Submission **ENCLOSURES** (check all that apply) After Allowance Communication Assignment Papers Fee Transmittal Form (for an Application) to Group Appeal Communication to Board Fee Attached Drawing(s) of Appeals and Interferences Licensing-related Papers Appeal Communication to Group Amendment / Reply (Appeal Notice, Brief, Reply Brief) Petition After Final **Proprietary Information** Petition to Convert to a Affidavits/declaration(s) Provisional Application Status Letter Power of Attorney, Revocation Change of Correspondence Other Enclosure(s) (please Extension of Time Request Address identify below): Terminal Disclaimer **Express Abandonment Request** Request for Refund Information Disclosure Statement CD, Number of CD(s) . Certified Copy of Priority Document(s) Remarks Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm LaMorte & Associates Individual name Signature 06/28/2006

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